

NOTIFICATION OF DEMOLITION AND RENOVATION Amendment 2

I. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER: MTA Bridges & Tunnels				
Address: 2 Broadway				
City: Manhattan		State: NY		Zip: 10004
Contact: Omar Fernandez			Tel: 718-904-4385	
REMOVAL CONTRACTOR: Empire Control Abatement, Inc.				
Address: 15-18 130th Street				
City: College Point		State: NY		Zip: 11356
Contact: John Ortiz			Tel: 718 961-9404	
OTHER OPERATOR: NOT APPLICABLE				
Address:				
City:		State:		Zip:
Contact:			Tel:	
II. TYPE OF NOTIFICATION (O = Original/R = Revised): R				
III. TYPE OF OPERATION (D = Demolition/R = Renovation):				
IV. IS ASBESTOS PRESENT? (Yes/No) YES				
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Building Name : Bronx- Whitestone Bridge				
Address: 1 Hutchinson River Parkway				
Address:				
City: Bronx		State: NY		County: Manhattan
Site Location: Under Bridge Deck				
Building Size:	Sq. Meter:	Sq.Ft.:	# of Floors:	Age:
Present Use: Commercial			Prior Use: Commercial	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: POLARIZED LIGHT MICROSCOPY.				
VII. APPROXIMATE AMOUNT OF RACM TO BE REMOVED AND NONFRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW.				
	RACM To Be Removed	Non-friable Asbestos Material Not To Be Removed Category I Category II		
Silencer insulation – Square Feet				
Linear Feet –				
Surface Area – Square Feet –	207			
Surface Area – Square Feet – Plaster				
Volume RACM Off Facility Component – Cubic Feet				
Volume RACM Off Facility Component – Cubic Feet				
VIII. NEW SCHEDULED DATES OF ASBESTOS REMOVAL (MM/DD/YY) New Start: 9/26/16 Completion: 9/1/17				
IX. SCHEDULED DATES OF DEMO/RENOVATION (MM/DD/YY) Start: n/a Completion:				

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XI.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, & METHOD(S) TO BE USED: Removal of Floor Tile.		
XII.	DESCRIPTION OF ENGINEERING CONTROLS AND WORK PRACTICES TO BE USED TO CONTROL EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Interior Foam Method		
XIII.	WASTE TRANSPORTER #1		
	Name: Empire Control Abatement, Inc.		
	Address: 15-18 130 th Street		
	City: College Point	State: NY	Zip: 11356
	Contact Person: John Ortiz	Telephone: 718 617 0771	
	WASTE TRANSPORTER #2		
	Name: Tri State Transfer		
	Address: 1199 Randall Avenue		
	City: Bronx	State: NY	Zip: 10474
	Contact Person: Jimmy	Telephone: 718 961 9404	
XIII.	WASTE DISPOSAL SITE		
	Name: Minerva Enterprises Inc.		
	Address: 9000 Minerva RD. SE		
	City: Waynesburg	State: OH	Zip: 44688
	Telephone: n/a		
XIV.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
	Name: n/a	Title: n/a	
	Authority: n/a		
	Date of Order (DD/MM/YY): n/a	Date Ordered to Begin (DD/MM/YY): n/a	
XV.	FOR EMERGENCY RENOVATIONS:		
	Date and Hour of Emergency (DD/MM/YY): n/a		
	Description of the Sudden, Unexpected Event: n/a		
	Explanation Of How The Event Caused Unsafe Conditions Of Serious Disruption Of Industrial Operations: N/a		
XVI.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. Any unexpected asbestos found will be properly handled & supervised		
XVII.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. <div style="display: flex; justify-content: space-between;"> (Signature of Owner/Operator) (Date) 9/16/16 </div>		
XVIII.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. <div style="display: flex; justify-content: space-between;"> (Signature of Owner/Operator) (Date) 9/16/16 </div>		

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